

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: May 2, 2025

Inspection Number: 2025-1397-0002

Inspection Type:

Critical Incident

Licensee: St. Joseph's Health Centre of Sudbury

Long Term Care Home and City: St. Joseph's Villa, Sudbury, Sudbury

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 1 & 2, 2025

The following intake(s) were inspected:

- Two Intakes related to resident falls.

The following **Inspection Protocols** were used during this inspection:

Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care- Documentation

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

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The licensee failed to ensure that the provision of care set out in the plan of care for
a resident was documented.

On a specified day a resident was observed to have a medical intervention in place.
Upon review of the electronic medication administration record (eMAR) it was noted
that the medical intervention that the resident was receiving was not signed for as
being administered.

Sources- Resident's eMAR, observations of the resident, the home's policy, interview
with the Acting DOC.

**WRITTEN NOTIFICATION: Plan of Care- reassessment, revision
required**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care
reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary;
or

The licensee failed to ensure that a residents care plan was reviewed and revised
when care needs changed.

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A resident was observed to be receiving a specific medication intervention. Upon review of their care plan there was no mention of this medical intervention.

Sources: Resident observations, and care plan, home's policy , and Acting DOC interview.

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee failed to ensure that when a resident had fallen, the resident was assessed and that a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Upon review of a resident's progress notes and vital signs, there was no documentation to show that staff had obtained the resident's vital signs or completed a head injury routine (HIR) following a fall incident.

Sources: Resident vital signs, progress notes and post fall assessment, Critical

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Incident (CI) report, the home's policy , and interviews with staff and the Acting DOC.

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